The School Board of St. Lucie County

INSTRUCTIONAL SUBSTITUTE REPORT

Name of Substitute _____ School _____ _____

Soc. Sec. #_____ Payroll Period_____ _____ _____

Date Worked	Hours Worked	Employee for Whom sub worked		
		Social Security #	Job #	Name of Teacher
		Total Number of hours worked this payroll		

If substitute should be charged to a cost strip other than the teacher's indicate below

		750			
Fund	Func	Obj	Center	Project	Pgm

Comments:

White: Payroll Yellow: School PAC0004 Rev. 2/09